Name _____ Brand _____ MARKET CHECK FORM Market _____ Date _____

Store Name/City	Type Store	Store Vol	CH	IN	#ctns OnHand		Avg.Ctns Sold/Wk		Rate Sales*	Product Displayed On Plan B	S/S	Supp. Disp. Pk	Ctn.	Type/# of New Brand P.O.S.Placed	Competitive Test Brands Name	P.O.S. Type/Location	Rate Sales*	Comments
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		

*Good -- 1% share or better; Fair -- .5% to 1% share; Poor -- less than .5% share

Comments:

Source: https://www.industrydocuments.ucsf.edu/docs/jqbn0004